



REPLY TO  
ATTENTION OF

DEPARTMENT OF THE ARMY  
OFFICE OF THE ASSISTANT SECRETARY  
MANPOWER AND RESERVE AFFAIRS  
5440 STUDENT DRIVE  
ABERDEEN PROVING GROUND, MD 21005-5200

11 February, 1999

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: FY99 PCS Orders, Obligation Plans and Reprogramming Actions

This memorandum clarifies and expands on guidance provided in CPOCMA FY99 Budget Call, Guidance Memorandum 98-15.

Permanent Change of Station Orders:

DD Form 1614 should be prepared, using PCS information worksheets provided in FY99 Budget Call, Guidance Memorandum 98-15, and in accordance with enclosed sample. Strict attention should be paid to the following items on DD Form 1614:

Block 2: Be sure to provide SSN of traveler in addition to name.

Block 9: If authorized, be sure to include number of days.

Block 10: When TQSE is authorized, 60 days will be the initial Authorization.

Block 11: Be sure to check all entitlements that apply.

Block 12: If travel is from CONUS, "xxx" out the word 'Oversea'.

One type of dependent travel must be checked.

Block 14: If shipment of household goods authorized, be sure to include Weight (not to exceed 18,000 lbs).

Block 18: Total amount of initial PCS will not exceed \$25,000.

Block 19: Include the date the transportation agreement was signed.

Block 21: Approving Official is Elmer F. Williams, CPOCMA Director.

Block 22: Fund citation of the appropriate CPOC.


The above information will be incorporated in CPOCMA standard operating procedures, currently under development.

Obligation Plans and Reprogramming Actions:

Based on a review of 2<sup>nd</sup> quarter cumulative execution rates, CPOCs will be given revised obligation plans for 3<sup>rd</sup> and 4<sup>th</sup> quarters. Reprogramming requests should come from the CPOC Director, thru Resource Management Division, CPOCMA to the Director. Approval rests with the Director, CPOCMA.

-2-

CPOCMA point of contact on this action is Julie McGrath, (410)-306-1739, DSN 458-1739.



Elmer F. Williams

Director, Civilian Personnel Operations  
Center Management Agency

Enclosure

DISTRIBUTION:  
CPOCMA  
PSD  
ALL CONUS CPOCs

<b>REQUEST AND AUTHORIZATION FOR DOD CIVILIAN PERMANENT DUTY TRAVEL</b> <i>(Reference: Joint Travel Regulations)</i>					1. DATE REQUESTED <b>10 Feb 99</b>	
<b>TRAVEL AUTHORIZED HEREIN AS NECESSARY IN THE PUBLIC SERVICE</b>						
<b>REQUEST FOR OFFICIAL TRAVEL</b>						
2. NAME (Last, First, Middle Initial) <b>SMITH, JOHN Q. 123-45-6789</b>				3. NEW POSITION TITLE AND GRADE OR RATING <b>SUPV POSTION CLASSIFICATION SPEC GS-0221-12</b>		
4. RELEASING OFFICIAL STATION AND LOCATION, OR ACTUAL PLACE OF RESIDENCE <b>151 PARK AVE MANHATTAN, NEW YORK, NY 11426-2300</b>				5. NEW OFFICIAL STATION AND LOCATION, ACTUAL PLACE OF RESIDENCE, OR ALTERNATE DESTINATION <b>NC CPOC, ROCK ISLAND ARSENAL</b>		
				DUTY REPORTING DATE AT NEW STATION <b>15 Mar 99</b>		
6. PURPOSE OF TRAVEL <input checked="" type="checkbox"/> TRAVEL BETWEEN OFFICIAL STATIONS <input type="checkbox"/> RENEWAL AGREEMENT TRAVEL <input type="checkbox"/> OTHER (Specify)						
<input type="checkbox"/> RETURN FROM OVERSEAS FOR SEPARATION						
7. MODE OF TRANSPORTATION		<input type="checkbox"/> GOVERNMENT <input type="checkbox"/> RAIL <input type="checkbox"/> AIR <input type="checkbox"/> BUS <input type="checkbox"/> OTHER (Specify)		PRIVATELY OWNED CONVEYANCE		
<input checked="" type="checkbox"/> COMMERCIAL		<input checked="" type="checkbox"/> TO BE DETERMINED BY TRANSPORTATION OFFICER		<input checked="" type="checkbox"/> ADVANTAGEOUS <input type="checkbox"/> AUTOMOBILE <input type="checkbox"/> OTHER (Specify)		RATE PER MILE <b>1AW</b> \$ JTR
		<input type="checkbox"/> NOT ADVANTAGEOUS				
8. PER DIEM FOR EMPLOYEE AND DEPENDENTS (if applicable) AUTHORIZED PER JTR.				9. ROUND TRIP TRAVEL, NOT TO EXCEED CALENDAR DAYS INCLUDING TRAVEL TIME <input type="checkbox"/> IS <input checked="" type="checkbox"/> IS NOT AUTHORIZED TO SEEK PERMANENT RESIDENCE		
10. TEMPORARY QUARTERS SUBSISTENCE EXPENSE <input checked="" type="checkbox"/> IS <input type="checkbox"/> IS NOT AUTHORIZED FOR <b>60</b> DAYS						
11. <input type="checkbox"/> MISCELLANEOUS EXPENSES <input checked="" type="checkbox"/> REAL ESTATE EXPENSES <input type="checkbox"/> UNEXPIRED LEASE EXPENSES AUTHORIZED PER JTR						
12. DEPENDENT OVERSEAS TRAVEL <input checked="" type="checkbox"/> CONCURRENT <input type="checkbox"/> DELAYED <input type="checkbox"/> EARLY RETURN <input type="checkbox"/> NOT AUTHORIZED						
TRANSPORTATION OF DEPENDENTS AUTHORIZED		13. FROM <b>MANHATTAN, NEW YORK, NY</b>		TO <b>ROCK ISLAND, IL OR VICINITY</b>		
		NAMES OF DEPENDENTS		RELATIONSHIP		DATE OF BIRTH (Children)
		<b>MARY P. SMITH</b>		<b>SPOUSE</b>		
		<b>JANE R. SMITH</b>		<b>DAUGHTER</b>		<b>01/11/98</b>
		<b>ROBERT A. SMITH</b>		<b>SON</b>		<b>10/05/94</b>
14. <input checked="" type="checkbox"/> SHIPMENT OF HOUSEHOLD GOODS AUTHORIZED NOT IN EXCESS OF <b>18,000</b> (Net Weight in Pounds)				NONTEMPORARY STORAGE OF HOUSEHOLD GOODS AUTHORIZED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
FROM <b>MANHATTAN, NEW YORK, NY</b>		TO <b>ROCK ISLAND, IL</b>				
15. OVERSEA SHIPMENT OF PRIVATELY OWNED MOTOR VEHICLE AUTHORIZED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				16. ADVANCE AUTHORIZED <b>1AW</b> JTR		
17. REMARKS OR OTHER AUTHORIZATION (Use this space for special requirements, leave, excess baggage, etc. or other authorizations) <b>TQSE authorized for 60 days. Real estate and miscellaneous expenses authorized. Concurrent dependent travel. Shipment of HHG not to exceed 18,000 lbs. Temporary storage of HHG authorized for 90 days. Five (5) days leave enroute authorized (8-12 Mar 99).</b>						
18. ESTIMATED COST	PER DIEM \$ <b>111.20</b>	TRAVEL \$ <b>156.12</b>	OTHER \$ <b>24,108.86</b>	TOTAL \$ <b>24,376.18</b>	19. TRANSPORTATION AGREEMENT SIGNED <input checked="" type="checkbox"/> YES <b>2 Feb 99</b> <input type="checkbox"/> NO	
20. REQUESTING OFFICIAL (Title and Signature) <b>WILLIAM E. McGEE, DIRECTOR, NC CPOC</b>				21. APPROVING OFFICIAL (Title and Signature) <b>ELMER F. WILLIAMS, DIRECTOR, CPOCMA</b>		
<b>AUTHORIZATION</b>						
22. ACCOUNTING CITATION <b>2192020.0000 9 22-2010 433709.00000 SMI6789PCS0101 22NL \$2390.00 21P4 \$111.20 21P3 \$156.12 122B \$10,500.00 123B \$2000.00 124B \$700 2578 \$1686.00 L8C6 S23185</b>						
23. ORDER AUTHORIZING OFFICIAL (Title and Signature) OR AUTHENTICATION <b>SUSAN M WILLIAMS, BUDGET ANALYST</b>					24. DATE ISSUED <b>10 FEB 99</b>	
					25. TRAVEL ORDER NUMBER <b>SMI6789PCS0101</b>	